



## Children’s Services Fee Subsidy Agreement

Applicant Name:	Applicant last name:
Spouse’s Name:	Spouse last name:
Address:	
Marital Status:	

In accordance with the Child Care and Early Years Act, 2014 and Regulations in Ontario and related Provincial/Municipal guidelines and in consideration of Grey County Children’s Services providing child care fee subsidy to me and/or on my behalf, I agree to the following:

### Terms and Conditions of Eligibility:

To be eligible for child care fee subsidy, I must be a resident of Grey County and be enrolled in an approved activity in accordance with the policy of the Municipality. I acknowledge that the number of child care hours provided will be determined by my **work, education program hours, and/or letter of recommendation from a health professional.**

Verification of the following must be submitted to Children’s Services Worker at the time of my initial appointment and/or when requested:

1. **Address information:** please provide a copy of one of the following driver's license, lease or rent receipt, property tax statement, letter from landlord.
2. **Income information:** please provide a copy of either the Canada Child Tax Benefit Notice (CCTB) and/or Notice of Assessment (NOA) from Canada Revenue Agency showing your 201\_\_\_\_ family net income \_\_\_\_\_ for both yourself and spouse (if applicable).
3. **Reason for service:** must be either working, attending school or a referral for special needs from an approved professional.
4. **Custody information (if applicable):** provide verification from one of the following, letter from other parent outlining custody and primary residence, copy of court order, copy of minutes of settlement and/or copy of private agreement.

### Requirement to Report Changes:

I will inform Grey County Children’s Services immediately when there are any changes in any of the items listed and/or in my situation that may impact my ongoing eligibility for child care fee assistance, e.g. family composition, living arrangements, income, etc.

I will pay the daily user fees, as calculated from the income test directly to the child care operator/provider and in accordance with the child care operator’s billing policies and procedures.

I understand that my approval is only for days which I work, including travel or sleep time as approved, and that the hours of care are not to exceed approved hours;

or

As a student, that my child care is only for the days and hours that I attend school;

or

As a referral, is only for the days and times specified in my approval letter. A further term of approval will require an updated referral in order for my child's placement to continue.

**Changes in Service:**

I will provide my Children's Services Worker and Child Care Operator two weeks' notice if I require a change in service. I will notify my Children's Service Worker immediately of any of the following changes:

- Request for transfer ( I need to change my current child care centre/provider to a new one for any reason);
- Notice of Withdrawal (I no longer require any child care service).

**Monies owed to a licensed Child Care Centre/Provider:**

I understand that if I owe money to a licensed child care centre/provider, I will not be eligible for future fee subsidy until I have paid the outstanding fees in full and/or have a written payment plan in place.

**Fee Assistance will be discontinued if:**

- My family no longer resides in Grey County; and/or
- I fail to comply with any and/or all of the sections of the fee subsidy agreement.

**Consent to Disclose & Verify Information**

I consent to the exchange of information by Grey County to an authorized individual of Grey County Social Services, the Child Care Operator/Provider and any other person, Corporation or Agency for the sole purpose of verifying my eligibility for child care fee assistance.

I also agree and understand that Grey County Children's Services provides child care subsidy to individuals and families on the basis of an income test as determined under the Child Care and Early Years Act, 2014 and Regulation. I agree to disclose all relevant personal and financial information as required by Grey County Children's Services. I understand that failure to do so may constitute fraud and may result in the withdrawal of my child care subsidy by Grey County Children's Services in its sole discretion. I understand and agree that Grey County Children's Services shall be entitled to and shall collect back from me any monies paid by it on my behalf if it is discovered that these payments were based on false, inaccurate, misleading, or erroneous information and that such payment is a debt owing to Grey County Children's Services.

Applicant Signature:	Witness:
Spouse Signature: (if applicable)	Witness: (if applicable)
Dated at:	
Date:	

**Notice:** In accordance with s. 29(2) of the Municipal Freedom of Information and Protection of Privacy Act and pursuant to Child Care and Early Years Act, 2014, information on this form will be used only for the purpose of determining eligibility for Child Care fee Assistance.